

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H94315

**FILED**  
**Jul 21, 2010**  
**Secretary of State**

**Entity Name:** JACOB JOSEPH, M.D., P.A.

**Current Principal Place of Business:**

% JACOB JOSEPH  
2820 MANATEE AVE WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

% JACOB JOSEPH  
2820 MANATEE AVE. W.  
BRADENTON, FL 34205 US

**New Mailing Address:**

% JACOB JOSEPH  
2820 MANATEE AVE WEST  
BRADENTON, FL 34205

**FEI Number:** 63-0830168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOSEPH, JACOB MD  
2820 MANATEE AVE W  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACOB JOSEPH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: JOSEPH, JACOB  
Address: 2820 MANATEE AVE. W.  
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACOB JOSEPH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DR

07/21/2010

\_\_\_\_\_  
Date